



DEPARTMENT OF THE ARMY

HEADQUARTERS, U. S. ARMY DENTAL ACTIVITY
FORT HUACHUCA, ARIZONA 85613-7040

REPLY TO
ATTENTION OF

DSBJ-CDR (100)

7 October 1999

MEMORANDUM FOR ALL DENTAC PERSONNEL

SUBJECT: U.S. Army Dental Activity (DENTAC) Policy Memorandum #00-01 -- Prophylaxis Technician Training and Certification Program for Military and Civilian Dental Assistants

1. **PURPOSE.** To outline the policy and procedures for the certification of military and civilian dental assistants to perform as Prophylaxis Technicians (Prophy Techs).

2. **POLICY.**

a. In accordance with (IAW) Army Regulation 40-68, neither the requirement nor procedure for categorical credentialing of Non-Dentist Health Care Providers (HCP) no longer exists. Instead, DENTAC will use the procedures described in this certification program to authorize dental assistants to function as Prophylaxis Technicians.

b. All HCPs performing direct patient care will perform only under the supervision of a dentist and will have their job performance monitored continually and formally evaluated by the dentist-supervisor. Such evaluation will normally be part of the performance appraisal for civilian HCPs.

3. **PROCEDURE FOR MILITARY AND CIVILIAN DENTAL ASSISTANTS CERTIFICATION AS PROPHYLAXIS TECHNICIANS.**

a. The intent of the Prophy Tech program is outlined in annex A.

b. To become certified as a Prophy Tech, candidates must successfully complete the didactic and clinical course of instruction described in annex B. The Clinic OIC is responsible for the initial development, updating, and selection of certifying instructor for the 15 didactic lesson plan modules (annex B).

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c. When a candidate has successfully completed all the training and education requirements, the checklist (annex B) will be forwarded through command channels, the Credentials Committee, and to the DENTAC Commander for final approval.

d. After approval by the DENTAC Commander, the Clinic OIC will complete the Certification Form (annex C) and forward a copy of the completed form to the QI Coordinator for filing and preparation of the certificate for training (annex D). After certificate presentation, the certified Prophy Tech may begin to perform the authorized procedures.

e. Newly arrived dental assistants who have completed a similar Prophy Tech certification program may present documentation of this experience to the Credentials Committee, IAW para 3c above.

HARLAND G. LEWIS, JR.
Colonel, Dental Corps
Commanding

MILITARY AND CIVILIAN DENTAL ASSISTANT PROPHY TECH PROGRAM

OVERVIEW: Dental prophylaxis and patient education are the cornerstones of Army's Preventive Dentistry Program. Soldiers with good oral hygiene have fewer sick call needs and enhance their unit's readiness.

OBJECTIVE: To expand available hygiene care by training 91Es and civilian dental assistants in supragingival scaling and dental prophylaxis.

GOAL: Train 91Es and civilian dental assistants to--

- perform dental prophylaxis
- remove supragingival calculus
- educate patients in plaque control techniques
- understand how important their job is in our preventive dental program

CRITERIA FOR 91E AND CIVILIAN DENTAL ASSISTANTS PROPHY:

No subgingival calculus observed on clinical or x-ray exam.

PSR with only 0, 1 or 2 (no 3 or 4s).

Exam DDS states "prophy 1" in treatment plan on 603 during annual check-up.

**EDUCATION AND TRAINING CHECKLIST
FOR THE
DENTAL ASSISTANTS PROPHY TECH CERTIFICATION PROGRAM**

CANDIDATE _____

START DATE _____

DATE COMPLETED _____

I. DIDACTIC	SUBJECT	DATE	SIGNATURE
Lecture A	PSR Program	_____	_____
	Oral Anatomy	_____	_____
	Patient Relations	_____	_____
	Dental Emergencies	_____	_____
	Medical History	_____	_____
Lecture B	Oral Pathology	_____	_____
	Prophy set-up	_____	_____
	Tobacco counseling	_____	_____
	Instrument sharpening	_____	_____
	Infection Control	_____	_____
	HAZCOM	_____	_____
Lecture C	Records/603A	_____	_____
	Periodontal disease	_____	_____
	Nutrition	_____	_____
	Fluoride	_____	_____

II. CLINICAL (10 CASES MINIMUM)

PATIENT'S NAME	SSN	DATE	DENTIST INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Upon completion of course, submit this checklist through command channels to the Credentials Committee.

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**CHECKLIST
FOR THE
DENTAL ASSISTANTS PROPHY TECH CERTIFICATION PROGRAM**

CANDIDATE _____

Team Leader

APPROVED/DISAPPROVED

Clinic OIC

APPROVED/DISAPPROVED

CREDENTIALS COMMITTEE CHAIRMAN

APPROVED/DISAPPROVED

DENTAC Commander

APPROVED/DISAPPROVED

COPY FURNISHED:
Program Director
Credentials Committee
Training NCO
Individual

PROPHY TECH CERTIFICATION FORM

NAME: _____

QUALIFICATIONS: A dental assistant may obtain certification to do supra-gingival scaling and oral prophylaxis one of two ways: 1) through completion and certification from a training program approved by the Commander, DENTAC, or his designated representative, or 2) through completion and certification from a civilian training program. The Commander, DENTAC will have final approval for privileging of the dental assistant, based upon the recommendation of the Credentials Committee.

TREATMENT ALLOWED: May perform the following procedures:

Procedure Code: 01110 Prophy w/o fluoride application
01205 Prophy w/fluoride application(adults only)
01320 Tobacco counseling
01330 Oral hygiene instruction

SUPERVISION: All treatment will be performed under the supervision of a dentist. A dentist or registered dental hygienist may provide guidance on proper techniques. All procedures will be credited on a dentist's Daily Dental Worksheet.

PRIMARY SUPERVISOR: _____Team Leader

ALTERNATE SUPERVISOR: Any staff dentist

I understand that I am limited to the above procedures and that all treatment I do must be under the direction and supervision of a dental officer.

Signature/Date

Clinic OIC/DATE

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(copy of DA Form 87, Certificate of Training)

